

3.5

**WHAT IS THE MEDICARE
POPULATION'S ACCESS TO CARE
AND HOW SATISFIED
ARE THEY WITH THEIR CARE?**

Table 5.1 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Age and by Gender and Age, 2004

Community-Only Residents¹

1 of 2

Indicator of Access to Care ²	All Medicare Beneficiaries					Male					Female				
	Total	< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 1,000s)	40,232	6,106	18,498	11,976	3,653	3,160	8,494	5,142	1,195	17,991	2,946	10,004	6,833	2,458	22,241
	<i>134</i>	<i>116</i>	<i>133</i>	<i>116</i>	<i>87</i>	<i>91</i>	<i>138</i>	<i>85</i>	<i>46</i>	<i>151</i>	<i>84</i>	<i>125</i>	<i>118</i>	<i>72</i>	<i>156</i>
Beneficiaries as a Percentage of Column Total															
Access to Care															
Usual Source of Care															
None ³	4.20	5.19	4.69	3.33	2.91*	6.41	6.41	3.16*	3.57*	5.29	3.88*	3.23	3.46	2.59*	3.32
	<i>0.21</i>	<i>0.70</i>	<i>0.34</i>	<i>0.29</i>	<i>0.41</i>	<i>0.97</i>	<i>0.58</i>	<i>0.45</i>	<i>0.82</i>	<i>0.34</i>	<i>0.89</i>	<i>0.43</i>	<i>0.37</i>	<i>0.50</i>	<i>0.27</i>
Doctor's office	77.35	71.26	76.79	79.77	82.35	65.47	72.81	76.34	81.06	73.08	77.47	80.16	82.34	82.98	80.79
	<i>0.88</i>	<i>1.54</i>	<i>1.10</i>	<i>1.14</i>	<i>1.13</i>	<i>2.12</i>	<i>1.28</i>	<i>1.49</i>	<i>1.90</i>	<i>1.03</i>	<i>1.98</i>	<i>1.31</i>	<i>1.19</i>	<i>1.31</i>	<i>0.97</i>
Doctor's clinic	9.73	12.15	10.11	8.68	7.24	11.70	10.37	8.83	7.57*	9.98	12.63	9.88	8.57	7.08	9.53
	<i>0.68</i>	<i>1.05</i>	<i>0.80</i>	<i>0.95</i>	<i>0.92</i>	<i>1.46</i>	<i>0.90</i>	<i>1.24</i>	<i>1.48</i>	<i>0.78</i>	<i>1.31</i>	<i>0.91</i>	<i>0.95</i>	<i>0.86</i>	<i>0.72</i>
HMO ⁴	3.36	1.95*	3.64	3.76	2.93*	2.06*	3.68	4.14	1.59*	3.39	1.82*	3.62	3.47	3.58*	3.33
	<i>0.30</i>	<i>0.58</i>	<i>0.46</i>	<i>0.43</i>	<i>0.53</i>	<i>0.90</i>	<i>0.64</i>	<i>0.59</i>	<i>0.64</i>	<i>0.40</i>	<i>0.58</i>	<i>0.49</i>	<i>0.46</i>	<i>0.65</i>	<i>0.32</i>
Hospital OPD/ER ⁵	1.85	3.19	1.90	1.27*	1.23*	4.03*	1.86*	1.53*	1.08*	2.09	2.29*	1.94*	1.08*	1.30*	1.65
	<i>0.18</i>	<i>0.44</i>	<i>0.26</i>	<i>0.20</i>	<i>0.31</i>	<i>0.63</i>	<i>0.34</i>	<i>0.37</i>	<i>0.48</i>	<i>0.24</i>	<i>0.60</i>	<i>0.36</i>	<i>0.26</i>	<i>0.42</i>	<i>0.22</i>
Other clinic/health center	3.52	6.26	2.87	3.19	3.34*	10.32	4.88	6.01	5.12*	6.17	1.91*	1.17*	1.07*	2.47*	1.38
	<i>0.22</i>	<i>0.72</i>	<i>0.32</i>	<i>0.34</i>	<i>0.46</i>	<i>1.40</i>	<i>0.52</i>	<i>0.78</i>	<i>0.95</i>	<i>0.44</i>	<i>0.47</i>	<i>0.26</i>	<i>0.22</i>	<i>0.52</i>	<i>0.17</i>
Difficulty Obtaining Care															
Yes	3.86	12.36	2.65	1.94	2.12*	11.62	2.01*	1.76*	1.48*	3.59	13.16	3.18	2.07*	2.42*	4.07
	<i>0.17</i>	<i>0.69</i>	<i>0.26</i>	<i>0.26</i>	<i>0.40</i>	<i>1.09</i>	<i>0.32</i>	<i>0.34</i>	<i>0.56</i>	<i>0.24</i>	<i>1.09</i>	<i>0.36</i>	<i>0.36</i>	<i>0.52</i>	<i>0.25</i>
No	96.14	87.64	97.35	98.06	97.88	88.38	97.99	98.24	98.52	96.41	86.84	96.82	97.93	97.58	95.93
	<i>0.17</i>	<i>0.69</i>	<i>0.26</i>	<i>0.26</i>	<i>0.40</i>	<i>1.09</i>	<i>0.32</i>	<i>0.34</i>	<i>0.56</i>	<i>0.24</i>	<i>1.09</i>	<i>0.36</i>	<i>0.36</i>	<i>0.52</i>	<i>0.25</i>
Delayed Care Due to Cost															
Yes	8.12	24.10	6.61	4.10	2.44*	24.25	5.46	3.78	1.88*	8.02	23.94	7.58	4.34	2.71*	8.20
	<i>0.36</i>	<i>1.52</i>	<i>0.44</i>	<i>0.36</i>	<i>0.41</i>	<i>1.99</i>	<i>0.61</i>	<i>0.57</i>	<i>0.60</i>	<i>0.50</i>	<i>2.10</i>	<i>0.62</i>	<i>0.45</i>	<i>0.54</i>	<i>0.43</i>
No	91.88	75.90	93.39	95.90	97.56	75.75	94.54	96.22	98.12	91.98	76.06	92.42	95.66	97.29	91.80
	<i>0.36</i>	<i>1.52</i>	<i>0.44</i>	<i>0.36</i>	<i>0.41</i>	<i>1.99</i>	<i>0.61</i>	<i>0.57</i>	<i>0.60</i>	<i>0.50</i>	<i>2.10</i>	<i>0.62</i>	<i>0.45</i>	<i>0.54</i>	<i>0.43</i>

Table 5.1 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Age and by Gender and Age, 2004

Community-Only Residents¹

2 of 2

Indicator of Access to Care ²	All Medicare Beneficiaries					Male					Female				
	Total	< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 1,000s)	40,232	6,106	18,498	11,976	3,653	3,160	8,494	5,142	1,195	17,991	2,946	10,004	6,833	2,458	22,241
	<i>134</i>	<i>116</i>	<i>133</i>	<i>116</i>	<i>87</i>	<i>91</i>	<i>138</i>	<i>85</i>	<i>46</i>	<i>151</i>	<i>84</i>	<i>125</i>	<i>118</i>	<i>72</i>	<i>156</i>
Beneficiaries as a Percentage of Column Total															
Continuity of Care															
Length of Association with Usual Source of Care															
No usual source ³	4.23	5.26	4.71	3.35	2.94*	6.53	6.44	3.18*	3.60*	5.33	3.91*	3.25	3.49	2.62*	3.34
	<i>0.21</i>	<i>0.71</i>	<i>0.35</i>	<i>0.29</i>	<i>0.42</i>	<i>0.99</i>	<i>0.58</i>	<i>0.45</i>	<i>0.82</i>	<i>0.34</i>	<i>0.90</i>	<i>0.43</i>	<i>0.38</i>	<i>0.51</i>	<i>0.28</i>
Less than 1 year	8.49	10.47	8.12	7.53	10.26	11.40	7.93	7.24	8.05*	8.34	9.49	8.28	7.74	11.35	8.61
	<i>0.29</i>	<i>0.91</i>	<i>0.42</i>	<i>0.46</i>	<i>0.76</i>	<i>1.20</i>	<i>0.53</i>	<i>0.69</i>	<i>1.11</i>	<i>0.39</i>	<i>1.17</i>	<i>0.61</i>	<i>0.54</i>	<i>1.00</i>	<i>0.36</i>
1 to less than 3 years	17.92	22.04	17.21	17.11	17.34	23.87	16.24	17.47	13.92	17.76	20.10	18.04	16.84	19.01	18.05
	<i>0.37</i>	<i>1.30</i>	<i>0.63</i>	<i>0.67</i>	<i>0.95</i>	<i>1.80</i>	<i>0.85</i>	<i>1.07</i>	<i>1.61</i>	<i>0.65</i>	<i>1.84</i>	<i>0.89</i>	<i>0.90</i>	<i>1.13</i>	<i>0.54</i>
3 to less than 5 years	18.06	21.71	17.78	17.27	16.02	19.12	17.28	16.65	14.52	17.24	24.45	18.20	17.74	16.76	18.72
	<i>0.40</i>	<i>1.23</i>	<i>0.63</i>	<i>0.65</i>	<i>0.99</i>	<i>1.76</i>	<i>0.96</i>	<i>0.95</i>	<i>1.56</i>	<i>0.60</i>	<i>1.88</i>	<i>0.75</i>	<i>0.85</i>	<i>1.27</i>	<i>0.49</i>
5 years or more	51.30	40.52	52.18	54.73	53.44	39.08	52.11	55.46	59.92	51.34	42.05	52.24	54.19	50.27	51.28
	<i>0.56</i>	<i>1.44</i>	<i>0.90</i>	<i>0.90</i>	<i>1.14</i>	<i>1.93</i>	<i>1.35</i>	<i>1.28</i>	<i>2.22</i>	<i>0.87</i>	<i>1.94</i>	<i>1.22</i>	<i>1.10</i>	<i>1.37</i>	<i>0.77</i>

Source: Medicare Current Beneficiary Survey, CY 2004 Cost and Use Public Use File, CY 2004 Access to Care Public Use File, supplemented by CY 2003 and CY 2005 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2004 file.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 40 (i.e., the 2004 Access to Care Public Use File) were taken from their Round 37 interview (i.e., the 2003 Access to Care Public Use File) or from their Round 43 interview (i.e., the 2005 Access to Care Public Use File).
- 3 The percentage of responses for *none* under *usual source of care* differs from the percentage of responses for *no usual source* under *length of association with usual source of care* because of differences in the number of missing responses for the two variables. See the entry *missing values* in Appendix B for further explanation.
- 4 *HMO* stands for Health Maintenance Organization.
- 5 *OPD* stands for Outpatient Department; *ER* stands for Emergency Room.

Table 5.2 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Age and by Gender and Age, 2004

Community-Only Residents¹

1 of 2

Measure of Satisfaction ²	All Medicare Beneficiaries					Male					Female				
	Total	< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 1,000s)	40,232	6,106	18,498	11,976	3,653	3,160	8,494	5,142	1,195	17,991	2,946	10,004	6,833	2,458	22,241
	134	116	133	116	87	91	138	85	46	151	84	125	118	72	156
Beneficiaries as a Percentage of Column Total³															
Quality of Care															
General Care															
Very satisfied	31.43	25.49	33.81	32.74	25.00	23.73	35.06	34.20	27.64	32.33	27.40	32.76	31.65	23.72	30.71
	0.65	1.58	0.80	0.97	1.16	2.04	1.27	1.37	2.06	0.95	2.07	1.10	1.15	1.48	0.76
(Very) Unsatisfied	3.41	6.39	2.94	2.63	3.42*	6.70	2.49*	2.18*	4.08*	3.25	6.06	3.32	2.96	3.10*	3.55
	0.22	0.68	0.28	0.31	0.57	0.92	0.38	0.40	0.87	0.26	1.05	0.42	0.37	0.69	0.28
Follow-up Care															
Very satisfied	19.81	16.09	20.98	21.35	15.02	14.96	22.46	22.87	17.26	20.92	17.31	19.72	20.21	13.93	18.91
	0.63	1.22	0.77	1.02	0.98	1.50	0.96	1.33	1.68	0.79	1.66	1.09	1.29	1.25	0.82
(Very) Unsatisfied	2.68	5.97	2.25	1.78	2.36*	6.42	1.95*	1.63*	2.69*	2.69	5.48	2.50	1.90*	2.19*	2.67
	0.17	0.61	0.25	0.26	0.42	0.85	0.33	0.34	0.73	0.24	0.84	0.36	0.36	0.53	0.22
Access/Coordination of Care															
Availability															
Very satisfied	10.63	9.94	11.13	10.53	9.57	10.04	12.27	12.42	10.13*	11.78	9.84	10.17	9.10	9.29	9.70
	0.44	1.08	0.54	0.59	0.89	1.49	0.83	1.01	1.30	0.66	1.42	0.76	0.67	1.08	0.56
(Very) Unsatisfied	3.67	7.30	3.52	2.41	2.52*	7.47	2.56*	2.20*	4.10*	3.42	7.11	4.34	2.57	1.76*	3.87
	0.23	0.72	0.33	0.26	0.41	0.98	0.35	0.42	0.84	0.28	1.10	0.55	0.29	0.51	0.32
Ease of Access to Doctor															
Very satisfied	21.20	15.26	24.12	21.42	15.64	15.10	24.67	22.05	17.95	21.80	15.43	23.64	20.94	14.53	20.72
	0.59	1.16	0.70	0.93	1.10	1.69	1.07	1.23	2.15	0.88	1.69	0.97	1.17	1.25	0.70
(Very) Unsatisfied	5.09	10.29	3.67	4.75	4.77	10.45	3.21	4.27	4.84*	4.89	10.11	4.07	5.11	4.74*	5.26
	0.26	0.76	0.33	0.38	0.58	1.12	0.40	0.55	1.14	0.35	1.19	0.49	0.52	0.69	0.36
Can Obtain Care in Same Location															
Very satisfied	15.35	13.60	16.40	15.76	11.59	13.54	16.87	15.92	12.42	15.72	13.66	16.01	15.63	11.19	15.05
	0.56	1.01	0.67	0.86	0.98	1.38	0.80	1.03	1.62	0.59	1.42	0.95	1.20	1.19	0.74
(Very) Unsatisfied	4.57	9.25	4.03	3.46	3.23*	9.26	3.74	3.84	4.02*	4.75	9.23	4.27	3.17	2.85*	4.43
	0.25	1.12	0.32	0.35	0.44	1.52	0.45	0.69	1.00	0.40	1.16	0.50	0.41	0.58	0.33

Table 5.2 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Age and by Gender and Age, 2004

Community-Only Residents¹

2 of 2

Measure of Satisfaction ²	All Medicare Beneficiaries					Male					Female				
	Total	< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 1,000s)	40,232	6,106	18,498	11,976	3,653	3,160	8,494	5,142	1,195	17,991	2,946	10,004	6,833	2,458	22,241
	<i>134</i>	<i>116</i>	<i>133</i>	<i>116</i>	<i>87</i>	<i>91</i>	<i>138</i>	<i>85</i>	<i>46</i>	<i>151</i>	<i>84</i>	<i>125</i>	<i>118</i>	<i>72</i>	<i>156</i>
Beneficiaries as a Percentage of Column Total³															
Relationship with Primary Doctor															
Information from Doctor															
Very satisfied	19.07	15.59	21.03	19.52	13.50	14.93	21.29	21.63	16.72	19.97	16.30	20.81	17.93	11.93	18.35
	<i>0.67</i>	<i>1.20</i>	<i>0.89</i>	<i>0.98</i>	<i>0.97</i>	<i>1.56</i>	<i>1.00</i>	<i>1.31</i>	<i>1.88</i>	<i>0.74</i>	<i>1.63</i>	<i>1.25</i>	<i>1.19</i>	<i>1.09</i>	<i>0.86</i>
(Very) Unsatisfied	4.64	9.17	3.87	3.72	3.98	8.83	3.90	3.38	3.67*	4.60	9.54	3.84	3.98	4.14*	4.66
	<i>0.27</i>	<i>0.81</i>	<i>0.36</i>	<i>0.36</i>	<i>0.64</i>	<i>1.12</i>	<i>0.52</i>	<i>0.50</i>	<i>0.96</i>	<i>0.38</i>	<i>1.29</i>	<i>0.43</i>	<i>0.45</i>	<i>0.78</i>	<i>0.35</i>
Doctor's Concern for Overall Health															
Very satisfied	21.61	18.32	23.06	22.34	17.32	17.93	23.74	23.66	20.16	22.46	18.74	22.49	21.35	15.95	20.92
	<i>0.66</i>	<i>1.36</i>	<i>0.74</i>	<i>1.01</i>	<i>1.07</i>	<i>1.68</i>	<i>0.96</i>	<i>1.19</i>	<i>2.01</i>	<i>0.76</i>	<i>1.92</i>	<i>1.02</i>	<i>1.29</i>	<i>1.23</i>	<i>0.80</i>
(Very) Unsatisfied	4.78	10.10	3.96	3.43	4.48	10.78	2.77	2.99*	4.72*	4.36	9.37	4.97	3.76	4.37*	5.11
	<i>0.23</i>	<i>0.89</i>	<i>0.32</i>	<i>0.30</i>	<i>0.66</i>	<i>1.29</i>	<i>0.46</i>	<i>0.42</i>	<i>1.17</i>	<i>0.39</i>	<i>1.37</i>	<i>0.56</i>	<i>0.37</i>	<i>0.82</i>	<i>0.39</i>
Cost of Care															
Cost															
Very satisfied	18.41	16.26	19.15	19.62	14.24	15.24	19.20	21.34	17.54	19.01	17.37	19.10	18.33	12.64	17.92
	<i>0.60</i>	<i>1.17</i>	<i>0.82</i>	<i>0.80</i>	<i>1.07</i>	<i>1.59</i>	<i>0.94</i>	<i>1.16</i>	<i>1.97</i>	<i>0.71</i>	<i>1.67</i>	<i>1.05</i>	<i>0.95</i>	<i>1.21</i>	<i>0.69</i>
(Very) Unsatisfied	14.43	23.69	14.41	10.62	11.73	22.35	12.32	9.08	10.48*	13.03	25.14	16.18	11.77	12.34	15.57
	<i>0.39</i>	<i>1.33</i>	<i>0.56</i>	<i>0.59</i>	<i>0.95</i>	<i>1.65</i>	<i>0.88</i>	<i>0.78</i>	<i>1.55</i>	<i>0.54</i>	<i>2.00</i>	<i>0.81</i>	<i>0.79</i>	<i>1.15</i>	<i>0.57</i>

Source: Medicare Current Beneficiary Survey, CY 2004 Cost and Use Public Use File, CY 2004 Access to Care Public Use File, supplemented by CY 2003 and CY 2005 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2004 file.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables. Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 40 (i.e., the 2004 Access to Care Public Use File) were taken from their Round 37 interview (i.e., the 2003 Access to Care Public Use File) or from their Round 43 interview (i.e., the 2005 Access to Care Public Use File).
- 3 Column percentages do not sum to 100 percent because the responses of *satisfied* and *no experience* are excluded from the table for all satisfaction variables.

Table 5.3 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Race/Ethnicity and Age, 2004

Community-Only Residents¹

1 of 2

Indicator of Access to Care ²	Total ³	White non-Hispanic					Black non-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 1,000s)	40,232	3,957	14,390	9,870	2,981	31,198	1,109	1,594	807	291	3,801	637	1,432	801	235	3,105
	<i>134</i>	<i>122</i>	<i>162</i>	<i>135</i>	<i>80</i>	<i>257</i>	<i>55</i>	<i>60</i>	<i>42</i>	<i>32</i>	<i>91</i>	<i>50</i>	<i>103</i>	<i>64</i>	<i>25</i>	<i>186</i>
Beneficiaries as a Percentage of Column Total																
Access to Care																
Usual Source of Care																
None ⁴	4.20	5.34	4.41	3.14	2.57*	3.95	4.95*	4.96*	4.11*	4.53*	4.74	5.39*	6.87*	5.39*	3.95*	5.97*
	<i>0.21</i>	<i>0.97</i>	<i>0.37</i>	<i>0.30</i>	<i>0.40</i>	<i>0.23</i>	<i>1.03</i>	<i>1.42</i>	<i>1.55</i>	<i>1.87</i>	<i>0.77</i>	<i>1.73</i>	<i>1.75</i>	<i>1.90</i>	<i>2.44</i>	<i>0.94</i>
Doctor's office	77.35	73.05	78.19	81.15	84.21	79.05	69.25	73.01	76.77	76.03	72.94	66.78	70.00	66.18	63.99	67.90
	<i>0.88</i>	<i>1.96</i>	<i>1.22</i>	<i>1.35</i>	<i>1.25</i>	<i>1.07</i>	<i>2.39</i>	<i>2.73</i>	<i>2.63</i>	<i>4.65</i>	<i>1.56</i>	<i>6.02</i>	<i>2.61</i>	<i>3.39</i>	<i>4.78</i>	<i>2.13</i>
Doctor's clinic	9.73	12.14	10.11	9.11	7.19	9.77	12.61*	10.15*	6.87*	6.33*	9.89	12.91*	7.89*	7.37*	10.55*	8.98
	<i>0.68</i>	<i>1.27</i>	<i>0.96</i>	<i>1.12</i>	<i>0.95</i>	<i>0.83</i>	<i>2.19</i>	<i>1.97</i>	<i>1.91</i>	<i>2.75</i>	<i>1.25</i>	<i>3.26</i>	<i>1.96</i>	<i>1.92</i>	<i>4.25</i>	<i>1.46</i>
HMO ⁵	3.36	1.65*	3.35	3.04	2.62*	2.97	0.68*	3.24*	3.95*	2.77*	2.61*	3.18*	6.28*	11.61*	8.96*	7.23
	<i>0.30</i>	<i>0.53</i>	<i>0.48</i>	<i>0.45</i>	<i>0.57</i>	<i>0.32</i>	<i>0.31</i>	<i>1.35</i>	<i>1.37</i>	<i>1.40</i>	<i>0.70</i>	<i>1.63</i>	<i>1.58</i>	<i>2.34</i>	<i>3.55</i>	<i>1.22</i>
Hospital OPD/ER ⁶	1.85	1.59*	1.50*	0.96*	0.72*	1.27	4.88*	4.09*	3.47*	6.63*	4.38*	8.54*	2.34*	3.42*	1.73*	3.84*
	<i>0.18</i>	<i>0.37</i>	<i>0.26</i>	<i>0.19</i>	<i>0.21</i>	<i>0.17</i>	<i>1.48</i>	<i>1.14</i>	<i>1.27</i>	<i>2.61</i>	<i>0.72</i>	<i>2.47</i>	<i>0.97</i>	<i>0.73</i>	<i>1.30</i>	<i>0.69</i>
Other clinic/health center	3.52	6.22	2.44	2.60	2.69*	3.00	7.62*	4.55*	4.82*	3.70*	5.44	3.20*	6.62*	6.03*	10.81*	6.08
	<i>0.22</i>	<i>0.95</i>	<i>0.27</i>	<i>0.34</i>	<i>0.48</i>	<i>0.23</i>	<i>1.67</i>	<i>1.17</i>	<i>1.41</i>	<i>1.83</i>	<i>0.81</i>	<i>1.41</i>	<i>2.03</i>	<i>1.56</i>	<i>3.19</i>	<i>1.08</i>
Difficulty Obtaining Care																
Yes	3.86	13.85	2.31	1.37*	1.99*	3.44	9.04*	3.15*	2.93*	0.97*	4.65	12.17*	4.32*	5.91*	4.42*	6.35
	<i>0.17</i>	<i>1.00</i>	<i>0.27</i>	<i>0.22</i>	<i>0.46</i>	<i>0.20</i>	<i>1.48</i>	<i>0.94</i>	<i>1.36</i>	<i>0.95</i>	<i>0.55</i>	<i>2.10</i>	<i>1.20</i>	<i>1.50</i>	<i>1.70</i>	<i>0.63</i>
No	96.14	86.15	97.69	98.63	98.01	96.56	90.96	96.85	97.07	99.03	95.35	87.83	95.68	94.09	95.58	93.65
	<i>0.17</i>	<i>1.00</i>	<i>0.27</i>	<i>0.22</i>	<i>0.46</i>	<i>0.20</i>	<i>1.48</i>	<i>0.94</i>	<i>1.36</i>	<i>0.95</i>	<i>0.55</i>	<i>2.10</i>	<i>1.20</i>	<i>1.50</i>	<i>1.70</i>	<i>0.63</i>
Delayed Care Due to Cost																
Yes	8.12	27.47	6.25	3.90	2.39*	7.82	16.44	7.35*	5.20*	2.47*	9.17	18.30*	8.59*	5.65*	2.37*	9.36
	<i>0.36</i>	<i>1.96</i>	<i>0.50</i>	<i>0.40</i>	<i>0.45</i>	<i>0.37</i>	<i>2.51</i>	<i>1.47</i>	<i>1.31</i>	<i>1.43</i>	<i>1.14</i>	<i>2.36</i>	<i>1.84</i>	<i>1.50</i>	<i>1.74</i>	<i>1.12</i>
No	91.88	72.53	93.75	96.10	97.61	92.18	83.56	92.65	94.80	97.53	90.83	81.70	91.41	94.35	97.63	90.64
	<i>0.36</i>	<i>1.96</i>	<i>0.50</i>	<i>0.40</i>	<i>0.45</i>	<i>0.37</i>	<i>2.51</i>	<i>1.47</i>	<i>1.31</i>	<i>1.43</i>	<i>1.14</i>	<i>2.36</i>	<i>1.84</i>	<i>1.50</i>	<i>1.74</i>	<i>1.12</i>

Table 5.3 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Race/Ethnicity and Age, 2004

Community-Only Residents¹

2 of 2

Indicator of Access to Care ²	Total ³	White non-Hispanic					Black non-Hispanic					Hispanic					
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	
Beneficiaries (in 1,000s)	40,232	3,957	14,390	9,870	2,981	31,198	1,109	1,594	807	291	3,801	637	1,432	801	235	3,105	
	<i>134</i>	<i>122</i>	<i>162</i>	<i>135</i>	<i>80</i>	<i>257</i>	<i>55</i>	<i>60</i>	<i>42</i>	<i>32</i>	<i>91</i>	<i>50</i>	<i>103</i>	<i>64</i>	<i>25</i>	<i>186</i>	
Beneficiaries as a Percentage of Column Total																	
Continuity of Care																	
Length of Association with Usual Source of Care																	
No usual source ⁴	4.23	5.41	4.43	3.15	2.59*	3.97	5.05*	4.99*	4.15*	4.58*	4.80	5.44*	6.89*	5.42*	4.05*	6.00*	
	<i>0.21</i>	<i>0.98</i>	<i>0.38</i>	<i>0.30</i>	<i>0.40</i>	<i>0.23</i>	<i>1.06</i>	<i>1.43</i>	<i>1.57</i>	<i>1.89</i>	<i>0.78</i>	<i>1.76</i>	<i>1.76</i>	<i>1.91</i>	<i>2.50</i>	<i>0.95</i>	
Less than 1 year	8.49	10.23	7.71	7.62	10.17	8.24	10.03*	6.49*	5.68*	8.28*	7.48	14.08*	13.09*	10.87*	11.90*	12.63	
	<i>0.29</i>	<i>1.19</i>	<i>0.48</i>	<i>0.51</i>	<i>0.86</i>	<i>0.31</i>	<i>2.45</i>	<i>1.37</i>	<i>1.71</i>	<i>2.68</i>	<i>1.00</i>	<i>3.60</i>	<i>1.64</i>	<i>2.43</i>	<i>3.77</i>	<i>1.08</i>	
1 to less than 3 years	17.92	20.91	16.95	16.60	17.24	17.36	20.02	18.41	16.94*	23.80*	18.98	29.13	18.59	20.11*	14.40*	20.82	
	<i>0.37</i>	<i>1.77</i>	<i>0.75</i>	<i>0.73</i>	<i>1.14</i>	<i>0.40</i>	<i>2.46</i>	<i>2.03</i>	<i>2.60</i>	<i>4.04</i>	<i>1.10</i>	<i>3.60</i>	<i>2.12</i>	<i>2.50</i>	<i>3.70</i>	<i>1.47</i>	
3 to less than 5 years	18.06	21.58	17.14	17.14	15.31	17.52	25.44	19.80	17.04*	15.82*	20.54	15.51*	20.61	14.40*	24.89*	18.27	
	<i>0.40</i>	<i>1.42</i>	<i>0.71</i>	<i>0.71</i>	<i>1.16</i>	<i>0.47</i>	<i>2.93</i>	<i>2.41</i>	<i>2.55</i>	<i>3.46</i>	<i>1.34</i>	<i>2.79</i>	<i>2.00</i>	<i>2.12</i>	<i>4.81</i>	<i>1.15</i>	
5 years or more	51.30	41.87	53.76	55.49	54.69	52.90	39.45	50.30	56.20	47.52*	48.19	35.84	40.82	49.20	44.76*	42.27	
	<i>0.56</i>	<i>1.76</i>	<i>1.00</i>	<i>0.97</i>	<i>1.24</i>	<i>0.62</i>	<i>2.87</i>	<i>3.13</i>	<i>3.30</i>	<i>5.40</i>	<i>1.74</i>	<i>4.14</i>	<i>2.39</i>	<i>2.85</i>	<i>5.17</i>	<i>1.77</i>	

Source: Medicare Current Beneficiary Survey, CY 2004 Cost and Use Public Use File, CY 2004 Access to Care Public Use File, supplemented by CY 2003 and CY 2005 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2004 file.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables. Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 40 (i.e., the 2004 Access to Care Public Use File) were taken from their Round 37 interview (i.e., the 2003 Access to Care Public Use File) or from their Round 43 interview (i.e., the 2005 Access to Care Public Use File).
- 3 *Total* includes persons of *other race/ethnicity* and persons who did not report their race/ethnicity.
- 4 The percentage of responses for *none* under *usual source of care* differs from the percentage of responses for *no usual source* under *length of association with usual source of care* because of differences in the number of missing responses for the two variables. See the entry *missing values* in Appendix B for further explanation.
- 5 *HMO* stands for Health Maintenance Organization.
- 6 *OPD* stands for Outpatient Department; *ER* stands for Emergency Room.

Table 5.4 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Race/Ethnicity and Age, 2004

Community-Only Residents¹

1 of 2

Measure of Satisfaction ²	Total ³	White non-Hispanic					Black non-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 1,000s)	40,232	3,957	14,390	9,870	2,981	31,198	1,109	1,594	807	291	3,801	637	1,432	801	235	3,105
	<i>134</i>	<i>122</i>	<i>162</i>	<i>135</i>	<i>80</i>	<i>257</i>	<i>55</i>	<i>60</i>	<i>42</i>	<i>32</i>	<i>91</i>	<i>50</i>	<i>103</i>	<i>64</i>	<i>25</i>	<i>186</i>
Beneficiaries as a Percentage of Column Total⁴																
Quality of Care																
General Care																
Very satisfied	31.43	27.69	36.34	34.81	27.02	33.87	21.85	21.18	22.30	14.05*	21.07	16.56*	26.03	21.33	13.81*	21.95
	<i>0.65</i>	<i>2.12</i>	<i>0.96</i>	<i>1.05</i>	<i>1.36</i>	<i>0.77</i>	<i>2.83</i>	<i>2.46</i>	<i>2.92</i>	<i>3.16</i>	<i>1.48</i>	<i>3.35</i>	<i>3.09</i>	<i>3.20</i>	<i>3.75</i>	<i>1.83</i>
(Very) Unsatisfied	3.41	6.52	2.61	2.57	3.26*	3.16	4.83*	4.84*	3.32*	1.76*	4.28*	5.60*	4.14*	2.16*	8.82*	4.27*
	<i>0.22</i>	<i>0.83</i>	<i>0.31</i>	<i>0.34</i>	<i>0.62</i>	<i>0.22</i>	<i>1.68</i>	<i>1.22</i>	<i>1.14</i>	<i>1.13</i>	<i>0.74</i>	<i>2.46</i>	<i>1.51</i>	<i>0.77</i>	<i>3.31</i>	<i>1.10</i>
Follow-up Care																
Very satisfied	19.81	17.27	21.99	22.85	16.55	21.15	16.85	14.54*	11.41*	4.55*	13.80	11.78*	15.32*	13.96*	9.77*	13.82
	<i>0.63</i>	<i>1.69</i>	<i>0.88</i>	<i>1.12</i>	<i>1.22</i>	<i>0.75</i>	<i>2.68</i>	<i>2.09</i>	<i>1.85</i>	<i>2.01</i>	<i>1.35</i>	<i>2.79</i>	<i>2.23</i>	<i>2.78</i>	<i>2.99</i>	<i>1.24</i>
(Very) Unsatisfied	2.68	5.83	2.02	1.69*	2.10*	2.40	4.45*	3.39*	2.35*	1.91*	3.37*	4.49*	3.83*	2.18*	6.67*	3.75*
	<i>0.17</i>	<i>0.82</i>	<i>0.25</i>	<i>0.28</i>	<i>0.45</i>	<i>0.18</i>	<i>1.18</i>	<i>0.90</i>	<i>1.11</i>	<i>1.33</i>	<i>0.67</i>	<i>1.39</i>	<i>1.48</i>	<i>0.79</i>	<i>2.93</i>	<i>0.94</i>
Access/Coordination of Care																
Availability																
Very satisfied	10.63	9.98	11.72	10.93	10.09	11.10	9.88*	6.25*	8.54*	6.83*	7.84	8.38*	10.62*	7.07*	5.64*	8.86
	<i>0.44</i>	<i>1.32</i>	<i>0.58</i>	<i>0.68</i>	<i>1.02</i>	<i>0.49</i>	<i>1.74</i>	<i>1.57</i>	<i>1.74</i>	<i>2.04</i>	<i>0.88</i>	<i>2.63</i>	<i>2.32</i>	<i>1.80</i>	<i>2.43</i>	<i>1.28</i>
(Very) Unsatisfied	3.67	7.79	3.49	2.54	2.74*	3.66	5.34*	3.37*	1.76*	0.00	3.35*	5.67*	3.40*	0.89*	2.37*	3.14*
	<i>0.23</i>	<i>0.95</i>	<i>0.35</i>	<i>0.31</i>	<i>0.46</i>	<i>0.25</i>	<i>2.10</i>	<i>1.18</i>	<i>0.90</i>	<i>0.00</i>	<i>0.89</i>	<i>1.84</i>	<i>1.19</i>	<i>0.66</i>	<i>1.74</i>	<i>0.72</i>
Ease of Access to Doctor																
Very satisfied	21.20	15.06	25.94	22.98	17.06	22.78	15.47	15.69	13.52*	5.68*	14.41	13.21*	14.47*	14.55*	9.80*	13.88
	<i>0.59</i>	<i>1.57</i>	<i>0.84</i>	<i>1.03</i>	<i>1.28</i>	<i>0.68</i>	<i>2.67</i>	<i>2.38</i>	<i>2.41</i>	<i>2.20</i>	<i>1.44</i>	<i>3.25</i>	<i>2.14</i>	<i>2.55</i>	<i>3.17</i>	<i>1.14</i>
(Very) Unsatisfied	5.09	11.07	3.02	4.55	4.01*	4.61	9.36*	6.72*	4.30*	4.80*	6.83	7.93*	6.52*	7.92*	12.08*	7.59
	<i>0.26</i>	<i>1.12</i>	<i>0.31</i>	<i>0.42</i>	<i>0.55</i>	<i>0.27</i>	<i>2.00</i>	<i>1.41</i>	<i>1.65</i>	<i>2.08</i>	<i>0.98</i>	<i>2.10</i>	<i>1.44</i>	<i>1.82</i>	<i>3.47</i>	<i>0.81</i>
Can Obtain Care in Same Location																
Very satisfied	15.35	14.32	17.25	16.70	12.45	16.25	14.49*	10.77*	9.19*	4.80*	11.07	9.56*	14.01*	10.97*	10.14*	12.02
	<i>0.56</i>	<i>1.26</i>	<i>0.78</i>	<i>0.94</i>	<i>1.17</i>	<i>0.65</i>	<i>2.75</i>	<i>1.76</i>	<i>1.99</i>	<i>2.11</i>	<i>1.25</i>	<i>2.55</i>	<i>2.35</i>	<i>2.57</i>	<i>3.24</i>	<i>1.47</i>
(Very) Unsatisfied	4.57	10.34	4.26	3.53	3.10*	4.69	8.08*	2.95*	2.13*	1.93*	4.20*	3.66*	2.33*	4.49*	3.10*	3.22*
	<i>0.25</i>	<i>1.39</i>	<i>0.35</i>	<i>0.38</i>	<i>0.47</i>	<i>0.27</i>	<i>2.15</i>	<i>1.01</i>	<i>0.99</i>	<i>1.32</i>	<i>0.85</i>	<i>1.37</i>	<i>0.98</i>	<i>1.46</i>	<i>2.21</i>	<i>0.50</i>

Table 5.4 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Race/Ethnicity and Age, 2004

Community-Only Residents¹

2 of 2

Measure of Satisfaction ²	Total ³	White non-Hispanic					Black non-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 1,000s)	40,232	3,957	14,390	9,870	2,981	31,198	1,109	1,594	807	291	3,801	637	1,432	801	235	3,105
	<i>134</i>	<i>122</i>	<i>162</i>	<i>135</i>	<i>80</i>	<i>257</i>	<i>55</i>	<i>60</i>	<i>42</i>	<i>32</i>	<i>91</i>	<i>50</i>	<i>103</i>	<i>64</i>	<i>25</i>	<i>186</i>
Beneficiaries as a Percentage of Column Total⁴																
Relationship with Primary Doctor																
Information from Doctor																
Very satisfied	19.07	17.55	22.36	20.81	14.80	20.54	13.96	11.52*	11.28*	4.28*	11.63	11.06*	16.07*	14.11*	11.24*	14.16
	<i>0.67</i>	<i>1.64</i>	<i>1.00</i>	<i>1.13</i>	<i>1.15</i>	<i>0.77</i>	<i>2.22</i>	<i>1.77</i>	<i>2.00</i>	<i>1.72</i>	<i>1.11</i>	<i>2.30</i>	<i>2.33</i>	<i>2.52</i>	<i>3.34</i>	<i>1.38</i>
(Very) Unsatisfied	4.64	10.48	3.77	3.74	4.03*	4.63	6.51*	5.37*	2.71*	0.00	4.73	5.50*	3.54*	5.56*	8.89*	4.87*
	<i>0.27</i>	<i>1.09</i>	<i>0.40</i>	<i>0.38</i>	<i>0.71</i>	<i>0.29</i>	<i>1.68</i>	<i>1.25</i>	<i>1.17</i>	<i>0.00</i>	<i>0.85</i>	<i>1.93</i>	<i>1.56</i>	<i>1.74</i>	<i>3.63</i>	<i>1.28</i>
Doctor's Concern for Overall Health																
Very satisfied	21.61	19.53	24.56	24.47	19.03	23.37	19.13	15.61	10.24*	5.59*	14.74	13.45*	17.19	13.45*	11.95*	15.06
	<i>0.66</i>	<i>1.71</i>	<i>0.87</i>	<i>1.12</i>	<i>1.27</i>	<i>0.74</i>	<i>3.53</i>	<i>2.37</i>	<i>1.81</i>	<i>2.12</i>	<i>1.68</i>	<i>2.27</i>	<i>2.42</i>	<i>2.62</i>	<i>3.58</i>	<i>1.41</i>
(Very) Unsatisfied	4.78	11.97	3.86	3.47	4.61	4.83	6.00*	5.13*	3.25*	2.96*	4.82	4.70*	3.04*	2.67*	5.57*	3.48*
	<i>0.23</i>	<i>1.24</i>	<i>0.38</i>	<i>0.35</i>	<i>0.74</i>	<i>0.28</i>	<i>1.54</i>	<i>1.22</i>	<i>1.18</i>	<i>1.54</i>	<i>0.75</i>	<i>1.66</i>	<i>1.27</i>	<i>0.82</i>	<i>2.72</i>	<i>0.83</i>
Cost of Care																
Cost																
Very satisfied	18.41	17.65	20.24	20.52	15.13	19.51	14.24	11.33*	12.25*	6.06*	11.98	11.09*	13.45*	14.49*	9.77*	12.96
	<i>0.60</i>	<i>1.64</i>	<i>0.94</i>	<i>0.91</i>	<i>1.23</i>	<i>0.69</i>	<i>2.68</i>	<i>1.92</i>	<i>2.03</i>	<i>1.99</i>	<i>1.31</i>	<i>2.37</i>	<i>2.12</i>	<i>2.90</i>	<i>3.14</i>	<i>1.37</i>
(Very) Unsatisfied	14.43	25.92	13.64	10.45	11.73	13.99	20.75	21.95	9.24*	5.86*	17.70	13.49*	14.67*	14.68*	16.42*	14.56
	<i>0.39</i>	<i>1.80</i>	<i>0.62</i>	<i>0.59</i>	<i>1.02</i>	<i>0.43</i>	<i>3.10</i>	<i>2.62</i>	<i>2.17</i>	<i>2.29</i>	<i>1.59</i>	<i>3.19</i>	<i>2.01</i>	<i>2.49</i>	<i>4.76</i>	<i>1.47</i>

Source: Medicare Current Beneficiary Survey, CY 2004 Cost and Use Public Use File, CY 2004 Access to Care Public Use File, supplemented by CY 2003 and CY 2005 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2004 file.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables. Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 40 (i.e., the 2004 Access to Care Public Use File) were taken from their Round 37 interview (i.e., the 2003 Access to Care Public Use File) or from their Round 43 interview (i.e., the 2005 Access to Care Public Use File).
- 3 *Total* includes persons of *other race/ethnicity* and persons who did not report their race/ethnicity.
- 4 Column percentages do not sum to 100 percent because the responses of *satisfied* and *no experience* are excluded from the table for all satisfaction variables.

Table 5.5 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 2004

Community-Only Residents¹

1 of 2

Indicator of Access to Care ²	Lives Alone					Lives with Spouse					Lives with Children/Others					
	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 1,000s)	40,232	1,564	4,327	4,375	1,781	12,047	2,339	11,536	5,757	881	20,513	2,181	2,560	1,844	991	7,575
	<i>134</i>	<i>105</i>	<i>151</i>	<i>108</i>	<i>65</i>	<i>242</i>	<i>131</i>	<i>201</i>	<i>108</i>	<i>51</i>	<i>253</i>	<i>98</i>	<i>108</i>	<i>74</i>	<i>48</i>	<i>186</i>
Beneficiaries as a Percentage of Column Total																
Access to Care																
Usual Source of Care																
None ³	4.20	7.43*	6.57	3.79	2.55*	5.07	2.88*	3.54	2.89*	2.35*	3.23	6.07	6.73*	3.64*	4.06*	5.44
	<i>0.21</i>	<i>1.76</i>	<i>0.91</i>	<i>0.51</i>	<i>0.56</i>	<i>0.45</i>	<i>0.77</i>	<i>0.39</i>	<i>0.39</i>	<i>0.85</i>	<i>0.28</i>	<i>1.04</i>	<i>1.13</i>	<i>0.87</i>	<i>0.97</i>	<i>0.52</i>
Doctor's office	77.35	66.88	74.71	81.17	81.85	77.10	74.81	78.81	78.86	82.81	78.54	70.59	71.18	79.27	82.83	74.50
	<i>0.88</i>	<i>2.95</i>	<i>1.77</i>	<i>1.27</i>	<i>1.64</i>	<i>1.08</i>	<i>2.38</i>	<i>1.22</i>	<i>1.48</i>	<i>2.39</i>	<i>1.06</i>	<i>2.52</i>	<i>2.32</i>	<i>2.05</i>	<i>1.87</i>	<i>1.32</i>
Doctor's clinic	9.73	11.65	9.61	7.47	8.28	8.90	13.16	9.83	9.43	6.67*	9.96	11.43	12.19	9.20	5.90*	10.42
	<i>0.68</i>	<i>1.83</i>	<i>1.28</i>	<i>0.89</i>	<i>1.20</i>	<i>0.75</i>	<i>1.69</i>	<i>0.97</i>	<i>1.33</i>	<i>1.94</i>	<i>0.87</i>	<i>1.65</i>	<i>1.60</i>	<i>1.48</i>	<i>1.37</i>	<i>0.96</i>
HMO ⁴	3.36	2.50*	3.54*	4.03	3.01*	3.50	2.91*	3.63	3.84	2.63*	3.56	0.51*	3.87*	2.86*	3.07*	2.55
	<i>0.30</i>	<i>1.13</i>	<i>0.99</i>	<i>0.64</i>	<i>0.73</i>	<i>0.49</i>	<i>1.16</i>	<i>0.43</i>	<i>0.55</i>	<i>0.93</i>	<i>0.38</i>	<i>0.19</i>	<i>0.81</i>	<i>0.77</i>	<i>0.89</i>	<i>0.37</i>
Hospital OPD/ER ⁵	1.85	4.37*	2.28*	0.86*	1.66*	1.94	1.93*	1.42*	1.35*	1.40*	1.46	3.71*	3.44*	2.04*	0.31*	2.77
	<i>0.18</i>	<i>1.12</i>	<i>0.64</i>	<i>0.28</i>	<i>0.51</i>	<i>0.32</i>	<i>0.57</i>	<i>0.24</i>	<i>0.30</i>	<i>0.63</i>	<i>0.21</i>	<i>0.88</i>	<i>1.04</i>	<i>0.68</i>	<i>0.32</i>	<i>0.48</i>
Other clinic/health center	3.52	7.18*	3.29*	2.69*	2.66*	3.48	4.31*	2.78	3.62	4.14*	3.25	7.70	2.60*	3.00*	3.84*	4.32
	<i>0.22</i>	<i>1.70</i>	<i>0.71</i>	<i>0.47</i>	<i>0.67</i>	<i>0.40</i>	<i>1.01</i>	<i>0.41</i>	<i>0.51</i>	<i>1.05</i>	<i>0.31</i>	<i>1.30</i>	<i>0.67</i>	<i>0.71</i>	<i>0.93</i>	<i>0.42</i>
Difficulty Obtaining Care																
Yes	3.86	13.34	3.35*	2.12*	1.90*	3.98	11.25	2.27	1.41*	1.34*	3.01	12.85	3.17*	3.16*	3.20*	5.96
	<i>0.17</i>	<i>1.96</i>	<i>0.51</i>	<i>0.40</i>	<i>0.52</i>	<i>0.39</i>	<i>1.32</i>	<i>0.31</i>	<i>0.31</i>	<i>0.67</i>	<i>0.27</i>	<i>1.44</i>	<i>0.73</i>	<i>0.81</i>	<i>1.08</i>	<i>0.47</i>
No	96.14	86.66	96.65	97.88	98.10	96.02	88.75	97.73	98.59	98.66	96.99	87.15	96.83	96.84	96.80	94.04
	<i>0.17</i>	<i>1.96</i>	<i>0.51</i>	<i>0.40</i>	<i>0.52</i>	<i>0.39</i>	<i>1.32</i>	<i>0.31</i>	<i>0.31</i>	<i>0.67</i>	<i>0.27</i>	<i>1.44</i>	<i>0.73</i>	<i>0.81</i>	<i>1.08</i>	<i>0.47</i>
Delayed Care Due to Cost																
Yes	8.12	22.43	8.00	4.98	1.59*	7.81	26.33	5.01	2.98*	1.58*	6.72	22.89	11.42	5.48*	4.72*	12.41
	<i>0.36</i>	<i>2.36</i>	<i>0.83</i>	<i>0.59</i>	<i>0.48</i>	<i>0.43</i>	<i>2.38</i>	<i>0.46</i>	<i>0.44</i>	<i>0.69</i>	<i>0.46</i>	<i>2.78</i>	<i>1.61</i>	<i>1.01</i>	<i>1.16</i>	<i>1.02</i>
No	91.88	77.57	92.00	95.02	98.41	92.19	73.67	94.99	97.02	98.42	93.28	77.11	88.58	94.52	95.28	87.59
	<i>0.36</i>	<i>2.36</i>	<i>0.83</i>	<i>0.59</i>	<i>0.48</i>	<i>0.43</i>	<i>2.38</i>	<i>0.46</i>	<i>0.44</i>	<i>0.69</i>	<i>0.46</i>	<i>2.78</i>	<i>1.61</i>	<i>1.01</i>	<i>1.16</i>	<i>1.02</i>

Table 5.5 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 2004

Community-Only Residents¹

2 of 2

Indicator of Access to Care ²	Lives Alone					Lives with Spouse					Lives with Children/Others					
	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 1,000s)	40,232	1,564	4,327	4,375	1,781	12,047	2,339	11,536	5,757	881	20,513	2,181	2,560	1,844	991	7,575
	<i>134</i>	<i>105</i>	<i>151</i>	<i>108</i>	<i>65</i>	<i>242</i>	<i>131</i>	<i>201</i>	<i>108</i>	<i>51</i>	<i>253</i>	<i>98</i>	<i>108</i>	<i>74</i>	<i>48</i>	<i>186</i>
Beneficiaries as a Percentage of Column Total																
Continuity of Care																
Length of Association with Usual Source of Care																
No usual source ³	4.23	7.66*	6.60	3.82	2.58*	5.13	2.88*	3.55	2.90*	2.36*	3.24	6.14	6.77*	3.67*	4.10*	5.49
	<i>0.21</i>	<i>1.80</i>	<i>0.92</i>	<i>0.52</i>	<i>0.56</i>	<i>0.45</i>	<i>0.77</i>	<i>0.40</i>	<i>0.39</i>	<i>0.86</i>	<i>0.28</i>	<i>1.05</i>	<i>1.14</i>	<i>0.87</i>	<i>0.98</i>	<i>0.53</i>
Less than 1 year	8.49	10.37*	8.27	7.95	10.37	8.73	8.61	7.20	7.37	8.01*	7.44	12.56	12.02	7.02*	12.08*	10.97
	<i>0.29</i>	<i>1.83</i>	<i>0.89</i>	<i>0.67</i>	<i>1.20</i>	<i>0.47</i>	<i>1.36</i>	<i>0.53</i>	<i>0.70</i>	<i>1.53</i>	<i>0.44</i>	<i>1.58</i>	<i>1.41</i>	<i>1.17</i>	<i>1.52</i>	<i>0.73</i>
1 to less than 3 years	17.92	24.60	16.70	17.03	17.02	17.87	20.59	16.81	16.49	16.75	17.15	21.81	19.93	19.28	18.45	20.12
	<i>0.37</i>	<i>2.31</i>	<i>1.33</i>	<i>0.98</i>	<i>1.21</i>	<i>0.71</i>	<i>2.30</i>	<i>0.78</i>	<i>0.82</i>	<i>1.77</i>	<i>0.52</i>	<i>2.08</i>	<i>1.72</i>	<i>1.67</i>	<i>1.77</i>	<i>0.98</i>
3 to less than 5 years	18.06	20.49	19.10	17.86	15.80	18.34	21.98	17.82	16.37	17.53	17.87	22.28	15.36	18.72	15.08	18.12
	<i>0.40</i>	<i>2.57</i>	<i>1.35</i>	<i>1.17</i>	<i>1.29</i>	<i>0.74</i>	<i>2.22</i>	<i>0.88</i>	<i>0.86</i>	<i>2.34</i>	<i>0.66</i>	<i>1.75</i>	<i>1.37</i>	<i>1.72</i>	<i>1.57</i>	<i>0.82</i>
5 years or more	51.30	36.88	49.33	53.34	54.23	49.94	45.93	54.63	56.88	55.35	54.30	37.21	45.91	51.31	50.30	45.30
	<i>0.56</i>	<i>2.80</i>	<i>1.65</i>	<i>1.35</i>	<i>1.78</i>	<i>0.94</i>	<i>2.35</i>	<i>1.15</i>	<i>1.17</i>	<i>2.77</i>	<i>0.84</i>	<i>2.39</i>	<i>2.32</i>	<i>2.30</i>	<i>2.43</i>	<i>1.26</i>

Source: Medicare Current Beneficiary Survey, CY 2004 Cost and Use Public Use File, CY 2004 Access to Care Public Use File, supplemented by CY 2003 and CY 2005 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2004 file.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables. Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- Responses for sample persons not interviewed in Round 40 (i.e., the 2004 Access to Care Public Use File) were taken from their Round 37 interview (i.e., the 2003 Access to Care Public Use File) or from their Round 43 interview (i.e., the 2005 Access to Care Public Use File).
- The percentage of responses for *none* under *usual source of care* differs from the percentage of responses for *no usual source* under *length of association with usual source of care* because of differences in the number of missing responses for the two variables. See the entry *missing values* in Appendix B for further explanation.
- HMO stands for Health Maintenance Organization.
- OPD stands for Outpatient Department; ER stands for Emergency Room.

Table 5.6 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 2004

Community-Only Residents¹

1 of 2

Measure of Satisfaction ²	Total	Lives Alone				Total	Lives with Spouse				Total	Lives with Children/Others				Total
		< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +	
Beneficiaries (in 1,000s)	40,232	1,564	4,327	4,375	1,781	12,047	2,339	11,536	5,757	881	20,513	2,181	2,560	1,844	991	7,575
	<i>134</i>	<i>105</i>	<i>151</i>	<i>108</i>	<i>65</i>	<i>242</i>	<i>131</i>	<i>201</i>	<i>108</i>	<i>51</i>	<i>253</i>	<i>98</i>	<i>108</i>	<i>74</i>	<i>48</i>	<i>186</i>
Beneficiaries as a Percentage of Column Total³																
Quality of Care																
General Care																
Very satisfied	31.43	21.73	31.97	31.71	24.27	29.42	27.00	36.10	34.77	27.84	34.34	26.55	26.56	28.88	23.78	26.76
	<i>0.65</i>	<i>2.79</i>	<i>1.75</i>	<i>1.48</i>	<i>1.54</i>	<i>0.95</i>	<i>2.14</i>	<i>0.96</i>	<i>1.37</i>	<i>2.64</i>	<i>0.77</i>	<i>2.67</i>	<i>2.16</i>	<i>2.23</i>	<i>2.61</i>	<i>1.27</i>
(Very) Unsatisfied	3.41	5.13*	3.38*	2.93*	2.69*	3.34	6.28*	2.71	2.11*	1.80*	2.91	7.40	3.26*	3.52*	6.19*	4.90
	<i>0.22</i>	<i>1.18</i>	<i>0.62</i>	<i>0.53</i>	<i>0.79</i>	<i>0.35</i>	<i>1.19</i>	<i>0.36</i>	<i>0.35</i>	<i>0.73</i>	<i>0.25</i>	<i>1.27</i>	<i>0.92</i>	<i>0.85</i>	<i>1.31</i>	<i>0.55</i>
Follow-up Care																
Very satisfied	19.81	14.31	18.88	18.87	13.81	17.55	18.05	22.59	23.53	18.01	22.15	15.26	17.19	20.40	14.48	17.06
	<i>0.63</i>	<i>2.39</i>	<i>1.26</i>	<i>1.27</i>	<i>1.29</i>	<i>0.72</i>	<i>2.04</i>	<i>0.96</i>	<i>1.45</i>	<i>1.86</i>	<i>0.86</i>	<i>1.56</i>	<i>1.89</i>	<i>1.92</i>	<i>1.97</i>	<i>1.09</i>
(Very) Unsatisfied	2.68	6.74*	2.49*	2.24*	2.14*	2.89	6.44*	2.05	1.74*	2.93*	2.50	4.92*	2.74*	0.84*	2.23*	2.84
	<i>0.17</i>	<i>1.32</i>	<i>0.49</i>	<i>0.44</i>	<i>0.62</i>	<i>0.29</i>	<i>1.21</i>	<i>0.33</i>	<i>0.32</i>	<i>0.99</i>	<i>0.24</i>	<i>0.72</i>	<i>0.62</i>	<i>0.40</i>	<i>0.81</i>	<i>0.33</i>
Access/Coordination of Care																
Availability																
Very satisfied	10.63	8.44*	10.09	9.00	8.49	9.25	10.05	12.19	11.97	12.16*	11.88	10.88	8.11*	9.62	9.16*	9.42
	<i>0.44</i>	<i>1.60</i>	<i>1.09</i>	<i>0.78</i>	<i>1.26</i>	<i>0.57</i>	<i>1.82</i>	<i>0.74</i>	<i>0.94</i>	<i>1.69</i>	<i>0.63</i>	<i>1.84</i>	<i>1.26</i>	<i>1.33</i>	<i>1.47</i>	<i>0.81</i>
(Very) Unsatisfied	3.67	6.91*	4.15*	2.43*	2.64*	3.65	7.77*	3.30	2.48*	3.67*	3.59	7.06	3.48*	2.15*	1.30*	3.91
	<i>0.23</i>	<i>1.62</i>	<i>0.85</i>	<i>0.39</i>	<i>0.55</i>	<i>0.38</i>	<i>1.13</i>	<i>0.35</i>	<i>0.43</i>	<i>1.22</i>	<i>0.27</i>	<i>1.08</i>	<i>0.91</i>	<i>0.56</i>	<i>0.60</i>	<i>0.46</i>
Ease of Access to Doctor																
Very satisfied	21.20	12.46	21.93	21.63	15.22	19.60	17.51	26.20	23.28	19.23	24.10	14.86	18.37	15.12	13.19*	15.89
	<i>0.59</i>	<i>1.93</i>	<i>1.71</i>	<i>1.43</i>	<i>1.49</i>	<i>0.81</i>	<i>2.08</i>	<i>0.87</i>	<i>1.04</i>	<i>2.26</i>	<i>0.70</i>	<i>1.52</i>	<i>1.81</i>	<i>1.53</i>	<i>2.05</i>	<i>1.04</i>
(Very) Unsatisfied	5.09	12.62	4.92	5.78	4.01*	6.10	8.01*	2.88	3.78	4.92*	3.80	11.05	5.16*	5.35*	6.00*	7.02
	<i>0.26</i>	<i>2.02</i>	<i>0.62</i>	<i>0.64</i>	<i>0.72</i>	<i>0.50</i>	<i>1.30</i>	<i>0.35</i>	<i>0.55</i>	<i>1.29</i>	<i>0.32</i>	<i>1.50</i>	<i>0.96</i>	<i>1.00</i>	<i>1.25</i>	<i>0.63</i>
Can Obtain Care in Same Location																
Very satisfied	15.35	12.45	16.81	15.64	11.13	14.98	13.26	16.69	16.00	11.40*	15.88	14.77	14.42	15.27	12.60*	14.49
	<i>0.56</i>	<i>2.18</i>	<i>1.25</i>	<i>1.25</i>	<i>1.28</i>	<i>0.77</i>	<i>1.54</i>	<i>0.82</i>	<i>1.00</i>	<i>1.69</i>	<i>0.69</i>	<i>1.52</i>	<i>1.65</i>	<i>1.83</i>	<i>1.82</i>	<i>0.90</i>
(Very) Unsatisfied	4.57	11.70*	4.45*	3.59*	2.38*	4.77	7.14	3.88	3.61	4.56*	4.20	9.74	3.95*	2.66*	3.57*	5.26
	<i>0.25</i>	<i>2.03</i>	<i>0.63</i>	<i>0.54</i>	<i>0.56</i>	<i>0.41</i>	<i>1.22</i>	<i>0.42</i>	<i>0.51</i>	<i>1.13</i>	<i>0.30</i>	<i>1.95</i>	<i>0.86</i>	<i>0.70</i>	<i>1.03</i>	<i>0.68</i>

Table 5.6 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 2004

Community-Only Residents¹

2 of 2

Measure of Satisfaction ²	Lives Alone					Lives with Spouse					Lives with Children/Others					
	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 1,000s)	40,232	1,564	4,327	4,375	1,781	12,047	2,339	11,536	5,757	881	20,513	2,181	2,560	1,844	991	7,575
	<i>134</i>	<i>105</i>	<i>151</i>	<i>108</i>	<i>65</i>	<i>242</i>	<i>131</i>	<i>201</i>	<i>108</i>	<i>51</i>	<i>253</i>	<i>98</i>	<i>108</i>	<i>74</i>	<i>48</i>	<i>186</i>
Beneficiaries as a Percentage of Column Total³																
Relationship with Primary Doctor																
Information from Doctor																
Very satisfied	19.07	14.56	18.86	16.75	13.39	16.73	16.07	22.79	22.47	14.09*	21.57	15.81	16.74	16.86	13.16*	16.03
	<i>0.67</i>	<i>2.59</i>	<i>1.43</i>	<i>1.41</i>	<i>1.35</i>	<i>0.87</i>	<i>1.79</i>	<i>1.05</i>	<i>1.15</i>	<i>2.18</i>	<i>0.83</i>	<i>1.73</i>	<i>1.95</i>	<i>1.62</i>	<i>2.02</i>	<i>1.05</i>
(Very) Unsatisfied	4.64	9.95	4.35*	4.36	4.51*	5.10	9.29	3.66	3.20	3.12*	4.14	8.50	4.03*	3.84*	3.80*	5.24
	<i>0.27</i>	<i>1.53</i>	<i>0.70</i>	<i>0.60</i>	<i>0.84</i>	<i>0.42</i>	<i>1.50</i>	<i>0.47</i>	<i>0.46</i>	<i>1.04</i>	<i>0.37</i>	<i>1.29</i>	<i>0.93</i>	<i>0.92</i>	<i>1.08</i>	<i>0.55</i>
Doctor's Concern for Overall Health																
Very satisfied	21.61	18.05	20.23	19.84	16.36	19.24	18.13	24.78	24.14	19.33	23.62	18.71	20.02	22.66	17.25	19.92
	<i>0.66</i>	<i>2.84</i>	<i>1.28</i>	<i>1.34</i>	<i>1.42</i>	<i>0.82</i>	<i>2.07</i>	<i>0.91</i>	<i>1.17</i>	<i>2.27</i>	<i>0.82</i>	<i>2.16</i>	<i>1.88</i>	<i>2.21</i>	<i>2.04</i>	<i>1.24</i>
(Very) Unsatisfied	4.78	11.89	5.14*	4.47	4.45*	5.66	11.26	3.20	2.96*	5.29*	4.14	7.62	5.40*	2.41*	3.81*	5.11
	<i>0.23</i>	<i>1.75</i>	<i>0.79</i>	<i>0.58</i>	<i>0.84</i>	<i>0.46</i>	<i>1.78</i>	<i>0.37</i>	<i>0.36</i>	<i>1.40</i>	<i>0.32</i>	<i>1.10</i>	<i>1.09</i>	<i>0.72</i>	<i>1.10</i>	<i>0.59</i>
Cost of Care																
Cost																
Very satisfied	18.41	20.18	18.33	18.25	14.05	17.91	11.60	19.87	20.96	14.45*	19.01	18.46	17.27	18.67	14.40	17.58
	<i>0.60</i>	<i>2.66</i>	<i>1.33</i>	<i>1.23</i>	<i>1.57</i>	<i>0.85</i>	<i>1.45</i>	<i>0.99</i>	<i>1.10</i>	<i>1.88</i>	<i>0.79</i>	<i>1.84</i>	<i>1.96</i>	<i>1.63</i>	<i>1.54</i>	<i>0.92</i>
(Very) Unsatisfied	14.43	16.87	14.86	9.82	10.48	12.63	29.92	13.30	10.71	11.78*	14.39	21.87	18.70	12.20	13.91	17.41
	<i>0.39</i>	<i>1.99</i>	<i>1.14</i>	<i>0.80</i>	<i>1.36</i>	<i>0.64</i>	<i>2.13</i>	<i>0.69</i>	<i>0.95</i>	<i>1.71</i>	<i>0.57</i>	<i>2.30</i>	<i>1.95</i>	<i>1.23</i>	<i>1.96</i>	<i>1.02</i>

Source: Medicare Current Beneficiary Survey, CY 2004 Cost and Use Public Use File, CY 2004 Access to Care Public Use File, supplemented by CY 2003 and CY 2005 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2004 file.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables. Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 40 (i.e., the 2004 Access to Care Public Use File) were taken from their Round 37 interview (i.e., the 2003 Access to Care Public Use File) or from their Round 43 interview (i.e., the 2005 Access to Care Public Use File).
- 3 Column percentages do not sum to 100 percent because the responses of *satisfied* and *no experience* are excluded from the table for all satisfaction variables.

Table 5.7 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Health Status, 2004Community-Only Residents¹

1 of 2

Indicator of Access to Care ²	Total ³	Indicators of Good Health ³			Indicators of Poor Health ³		
		Excellent/Very Good Health	No Functional Limitations ⁴	Both Indicators	Fair/Poor Health	Three to Five ADLs ⁵	Both Indicators
Beneficiaries (in 1,000s)	40,232	16,592	23,590	13,074	10,767	2,485	1,726
	<i>134</i>	<i>261</i>	<i>259</i>	<i>258</i>	<i>206</i>	<i>114</i>	<i>94</i>
Beneficiaries as a Percentage of Column Total							
Access to Care							
Usual Source of Care							
None ⁶	4.20	6.00	5.11	6.58	2.87	2.83*	3.24*
	<i>0.21</i>	<i>0.36</i>	<i>0.30</i>	<i>0.43</i>	<i>0.36</i>	<i>0.54</i>	<i>0.69</i>
Doctor's office	77.35	77.15	77.42	77.32	77.29	75.70	76.62
	<i>0.88</i>	<i>0.98</i>	<i>0.97</i>	<i>1.07</i>	<i>1.12</i>	<i>1.95</i>	<i>2.28</i>
Doctor's clinic	9.73	9.36	8.98	8.79	9.82	9.60	8.78*
	<i>0.68</i>	<i>0.68</i>	<i>0.71</i>	<i>0.71</i>	<i>0.89</i>	<i>1.37</i>	<i>1.37</i>
HMO ⁷	3.36	3.39	3.53	3.40	2.58	1.91*	1.52*
	<i>0.30</i>	<i>0.45</i>	<i>0.44</i>	<i>0.56</i>	<i>0.40</i>	<i>0.52</i>	<i>0.67</i>
Hospital OPD/ER ⁸	1.85	1.40	1.68	1.33*	2.64	2.86*	2.87*
	<i>0.18</i>	<i>0.22</i>	<i>0.21</i>	<i>0.23</i>	<i>0.32</i>	<i>0.46</i>	<i>0.49</i>
Other clinic/health center	3.52	2.70	3.27	2.59	4.81	7.11	6.98*
	<i>0.22</i>	<i>0.29</i>	<i>0.29</i>	<i>0.33</i>	<i>0.41</i>	<i>1.03</i>	<i>1.27</i>
Difficulty Obtaining Care							
Yes	3.86	1.44	2.00	1.21*	8.34	9.70	12.23
	<i>0.17</i>	<i>0.21</i>	<i>0.18</i>	<i>0.22</i>	<i>0.45</i>	<i>1.26</i>	<i>1.79</i>
No	96.14	98.56	98.00	98.79	91.66	90.30	87.77
	<i>0.17</i>	<i>0.21</i>	<i>0.18</i>	<i>0.22</i>	<i>0.45</i>	<i>1.26</i>	<i>1.79</i>
Delayed Care Due to Cost							
Yes	8.12	4.25	4.65	3.69	15.86	19.08	22.26
	<i>0.36</i>	<i>0.37</i>	<i>0.34</i>	<i>0.39</i>	<i>0.94</i>	<i>1.84</i>	<i>2.30</i>
No	91.88	95.75	95.35	96.31	84.14	80.92	77.74
	<i>0.36</i>	<i>0.37</i>	<i>0.34</i>	<i>0.39</i>	<i>0.94</i>	<i>1.84</i>	<i>2.30</i>

Table 5.7 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Health Status, 2004

Community-Only Residents¹

2 of 2

Indicator of Access to Care ²	Indicators of Good Health ³				Indicators of Poor Health ³		
	Total ³	Excellent/Very Good Health	No Functional Limitations ⁴	Both Indicators	Fair/Poor Health	Three to Five ADLs ⁵	Both Indicators
Beneficiaries (in 1,000s)	40,232	16,592	23,590	13,074	10,767	2,485	1,726
	<i>134</i>	<i>261</i>	<i>259</i>	<i>258</i>	<i>206</i>	<i>114</i>	<i>94</i>
Beneficiaries as a Percentage of Column Total							
Continuity of Care							
Length of Association with Usual Source of Care							
No usual source ⁶	4.23	6.03	5.14	6.61	2.89	2.87*	3.28*
	<i>0.21</i>	<i>0.37</i>	<i>0.30</i>	<i>0.43</i>	<i>0.37</i>	<i>0.54</i>	<i>0.70</i>
Less than 1 year	8.49	7.32	7.59	6.80	10.33	13.86	13.63
	<i>0.29</i>	<i>0.37</i>	<i>0.37</i>	<i>0.39</i>	<i>0.69</i>	<i>1.55</i>	<i>1.73</i>
1 to less than 3 years	17.92	16.53	16.53	15.87	20.68	17.10	17.86
	<i>0.37</i>	<i>0.66</i>	<i>0.53</i>	<i>0.76</i>	<i>0.95</i>	<i>1.52</i>	<i>1.96</i>
3 to less than 5 years	18.06	17.23	18.29	17.53	19.48	17.78	17.27
	<i>0.40</i>	<i>0.64</i>	<i>0.56</i>	<i>0.72</i>	<i>0.81</i>	<i>1.49</i>	<i>1.78</i>
5 years or more	51.30	52.90	52.45	53.19	46.62	48.40	47.95
	<i>0.56</i>	<i>0.80</i>	<i>0.68</i>	<i>0.89</i>	<i>1.06</i>	<i>2.24</i>	<i>2.42</i>

Source: Medicare Current Beneficiary Survey, CY 2004 Cost and Use Public Use File, CY 2004 Access to Care Public Use File, supplemented by CY 2003 and CY 2005 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2004 file.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables. Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 40 (i.e., the 2004 Access to Care Public Use File) were taken from their Round 37 interview (i.e., the 2003 Access to Care Public Use File) or from their Round 43 interview (i.e., the 2005 Access to Care Public Use File).
- 3 *Indicators of good health* and *indicators of poor health* do not contain mutually exclusive categories. Therefore, beneficiary counts sum to more than the total number of Medicare beneficiaries.
- 4 *No functional limitations* means that the beneficiary did not report limitations in any instrumental activities of daily living (IADLs) or activities of daily living (ADLs). See Appendix B for definitions of IADL and ADL.
- 5 *ADL* stands for Activity of Daily Living.
- 6 The percentage of responses for *none* under *usual source of care* differs from the percentage of responses for *no usual source* under *length of association with usual source of care* because of differences in the number of missing responses for the two variables. See the entry *missing values* in Appendix B for further explanation.
- 7 *HMO* stands for Health Maintenance Organization.
- 8 *OPD* stands for Outpatient Department; *ER* stands for Emergency Room.

Table 5.8 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Health Status, 2004

Community-Only Residents¹

1 of 2

Measure of Satisfaction ²	Total ³	Indicators of Good Health ³			Indicators of Poor Health ³		
		Excellent/Very Good Health	No Functional Limitations ⁴	Both Indicators	Fair/Poor Health	Three to Five ADLs ⁵	Both Indicators
Beneficiaries (in 1,000s)	40,232	16,592	23,590	13,074	10,767	2,485	1,726
	<i>134</i>	<i>261</i>	<i>259</i>	<i>258</i>	<i>206</i>	<i>114</i>	<i>94</i>
Beneficiaries as a Percentage of Column Total⁶							
Quality of Care							
General Care							
Very satisfied	31.43	39.79	33.51	39.75	22.62	25.35	22.69
	<i>0.65</i>	<i>0.93</i>	<i>0.87</i>	<i>1.01</i>	<i>0.99</i>	<i>1.73</i>	<i>2.08</i>
(Very) Unsatisfied	3.41	1.70	2.10	1.50	6.66	6.75	7.42*
	<i>0.22</i>	<i>0.22</i>	<i>0.20</i>	<i>0.25</i>	<i>0.59</i>	<i>1.02</i>	<i>1.28</i>
Follow-up Care							
Very satisfied	19.81	24.79	21.24	24.98	15.12	16.95	16.04
	<i>0.63</i>	<i>0.89</i>	<i>0.78</i>	<i>0.94</i>	<i>0.79</i>	<i>1.40</i>	<i>1.59</i>
(Very) Unsatisfied	2.68	1.43	1.69	1.11*	5.16	5.30*	6.46*
	<i>0.17</i>	<i>0.19</i>	<i>0.18</i>	<i>0.18</i>	<i>0.42</i>	<i>0.78</i>	<i>1.07</i>
Access/Coordination of Care							
Availability							
Very satisfied	10.63	13.03	11.00	13.16	8.87	10.99	10.51
	<i>0.44</i>	<i>0.71</i>	<i>0.58</i>	<i>0.80</i>	<i>0.66</i>	<i>1.27</i>	<i>1.47</i>
(Very) Unsatisfied	3.67	2.38	2.49	2.07	6.34	7.51*	8.95*
	<i>0.23</i>	<i>0.25</i>	<i>0.24</i>	<i>0.23</i>	<i>0.53</i>	<i>1.35</i>	<i>1.74</i>
Ease of Access to Doctor							
Very satisfied	21.20	28.35	23.89	28.91	13.40	14.29	13.74
	<i>0.59</i>	<i>0.86</i>	<i>0.75</i>	<i>0.96</i>	<i>0.83</i>	<i>1.36</i>	<i>1.76</i>
(Very) Unsatisfied	5.09	2.56	2.74	1.88	9.85	14.16	16.42
	<i>0.26</i>	<i>0.31</i>	<i>0.30</i>	<i>0.29</i>	<i>0.63</i>	<i>1.40</i>	<i>1.81</i>
Can Obtain Care in Same Location							
Very satisfied	15.35	19.88	16.96	20.33	11.26	12.36	11.59
	<i>0.56</i>	<i>0.85</i>	<i>0.65</i>	<i>0.88</i>	<i>0.68</i>	<i>1.31</i>	<i>1.68</i>
(Very) Unsatisfied	4.57	2.82	3.29	2.64	7.42	8.51	9.76
	<i>0.25</i>	<i>0.32</i>	<i>0.31</i>	<i>0.37</i>	<i>0.76</i>	<i>0.99</i>	<i>1.39</i>

Table 5.8 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Health Status, 2004

Community-Only Residents¹

2 of 2

Measure of Satisfaction ²	Total ³	Indicators of Good Health ³			Indicators of Poor Health ³		
		Excellent/Very Good Health	No Functional Limitations ⁴	Both Indicators	Fair/Poor Health	Three to Five ADLs ⁵	Both Indicators
Beneficiaries (in 1,000s)	40,232	16,592	23,590	13,074	10,767	2,485	1,726
	<i>134</i>	<i>261</i>	<i>259</i>	<i>258</i>	<i>206</i>	<i>114</i>	<i>94</i>
Beneficiaries as a Percentage of Column Total⁶							
Relationship with Primary Doctor							
Information from Doctor							
Very satisfied	19.07	24.69	20.86	25.27	13.10	14.42	13.75
	<i>0.67</i>	<i>0.97</i>	<i>0.87</i>	<i>1.10</i>	<i>0.74</i>	<i>1.52</i>	<i>1.68</i>
(Very) Unsatisfied	4.64	2.41	2.78	1.91	8.51	10.07	11.64
	<i>0.27</i>	<i>0.27</i>	<i>0.26</i>	<i>0.28</i>	<i>0.61</i>	<i>1.36</i>	<i>1.92</i>
Doctor's Concern for Overall Health							
Very satisfied	21.61	27.12	23.39	27.62	15.80	17.62	16.39
	<i>0.66</i>	<i>0.92</i>	<i>0.78</i>	<i>1.00</i>	<i>0.88</i>	<i>1.46</i>	<i>1.79</i>
(Very) Unsatisfied	4.78	2.64	2.92	2.16	8.39	10.38	11.75*
	<i>0.23</i>	<i>0.25</i>	<i>0.24</i>	<i>0.26</i>	<i>0.57</i>	<i>1.59</i>	<i>2.06</i>
Cost of Care							
Cost							
Very satisfied	18.41	22.59	19.34	22.64	13.92	18.07	16.68
	<i>0.60</i>	<i>0.86</i>	<i>0.72</i>	<i>0.98</i>	<i>0.82</i>	<i>1.74</i>	<i>1.90</i>
(Very) Unsatisfied	14.43	10.37	11.10	9.55	20.24	23.00	25.89
	<i>0.39</i>	<i>0.54</i>	<i>0.43</i>	<i>0.61</i>	<i>0.87</i>	<i>1.79</i>	<i>2.25</i>

Source: Medicare Current Beneficiary Survey, CY 2004 Cost and Use Public Use File, CY 2004 Access to Care Public Use File, supplemented by CY 2003 and CY 2005 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2004 file.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables. Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- Responses for sample persons not interviewed in Round 40 (i.e., the 2004 Access to Care Public Use File) were taken from their Round 37 interview (i.e., the 2003 Access to Care Public Use File) or from their Round 43 interview (i.e., the 2005 Access to Care Public Use File).
- Indicators of good health* and *indicators of poor health* do not contain mutually exclusive categories. Therefore, beneficiary counts sum to more than the total number of Medicare beneficiaries.
- No functional limitations* means that the beneficiary did not report limitations in any instrumental activities of daily living (IADLs) or activities of daily living (ADLs). See Appendix B for definitions of IADL and ADL.
- ADL stands for Activity of Daily Living.
- Column percentages do not sum to 100 percent because the responses of *satisfied* and *no experience* are excluded from the table for all satisfaction variables.

Table 5.9 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 2004

Community-Only Residents¹

1 of 2

Indicator of Access to Care ²	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Beneficiaries (in 1,000s)	40,232	3,862	7,042	8,319	13,620	2,289	5,101
	<i>134</i>	<i>120</i>	<i>162</i>	<i>175</i>	<i>206</i>	<i>115</i>	<i>136</i>
Beneficiaries as a Percentage of Column Total							
Access to Care							
Usual Source of Care							
None ³	4.20	11.14	5.38	4.05	3.16	0.93*	1.78*
	<i>0.21</i>	<i>1.01</i>	<i>0.52</i>	<i>0.45</i>	<i>0.32</i>	<i>0.36</i>	<i>0.34</i>
Doctor's office	77.35	60.29	73.52	82.60	82.63	85.69	69.10
	<i>0.88</i>	<i>2.01</i>	<i>1.31</i>	<i>1.47</i>	<i>1.07</i>	<i>2.20</i>	<i>1.84</i>
Doctor's clinic	9.73	11.18	12.02	10.23	8.48	10.61	7.61
	<i>0.68</i>	<i>1.30</i>	<i>1.16</i>	<i>1.43</i>	<i>0.81</i>	<i>1.45</i>	<i>0.74</i>
HMO ⁴	3.36	0.37*	1.75*	0.00	2.00	0.00	18.47
	<i>0.30</i>	<i>0.40</i>	<i>0.30</i>	<i>0.00</i>	<i>0.28</i>	<i>0.00</i>	<i>1.89</i>
Hospital OPD/ER ⁵	1.85	2.81*	3.98	0.86*	1.47	1.22*	1.11*
	<i>0.18</i>	<i>0.70</i>	<i>0.47</i>	<i>0.23</i>	<i>0.29</i>	<i>0.50</i>	<i>0.37</i>
Other clinic/health center	3.52	14.21	3.36	2.27	2.26	1.54*	1.95*
	<i>0.22</i>	<i>1.41</i>	<i>0.40</i>	<i>0.31</i>	<i>0.26</i>	<i>0.66</i>	<i>0.54</i>
Difficulty Obtaining Care							
Yes	3.86	9.40	7.80	1.36*	2.22	1.79*	3.62*
	<i>0.17</i>	<i>0.83</i>	<i>0.61</i>	<i>0.24</i>	<i>0.30</i>	<i>0.53</i>	<i>0.62</i>
No	96.14	90.60	92.20	98.64	97.78	98.21	96.38
	<i>0.17</i>	<i>0.83</i>	<i>0.61</i>	<i>0.24</i>	<i>0.30</i>	<i>0.53</i>	<i>0.62</i>
Delayed Care Due to Cost							
Yes	8.12	23.42	13.31	4.37	5.34	2.82*	5.35
	<i>0.36</i>	<i>1.61</i>	<i>0.92</i>	<i>0.54</i>	<i>0.45</i>	<i>0.86</i>	<i>0.66</i>
No	91.88	76.58	86.69	95.63	94.66	97.18	94.65
	<i>0.36</i>	<i>1.61</i>	<i>0.92</i>	<i>0.54</i>	<i>0.45</i>	<i>0.86</i>	<i>0.66</i>

Table 5.9 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 2004Community-Only Residents¹

2 of 2

Indicator of Access to Care ²	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Beneficiaries (in 1,000s)	40,232	3,862	7,042	8,319	13,620	2,289	5,101
	<i>134</i>	<i>120</i>	<i>162</i>	<i>175</i>	<i>206</i>	<i>115</i>	<i>136</i>
Beneficiaries as a Percentage of Column Total							
Continuity of Care							
Length of Association with Usual Source of Care							
No usual source ³	4.23	11.23	5.46	4.07	3.18	0.94*	1.79*
	<i>0.21</i>	<i>1.02</i>	<i>0.53</i>	<i>0.45</i>	<i>0.32</i>	<i>0.36</i>	<i>0.34</i>
Less than 1 year	8.49	7.78	11.67	6.48	7.68	7.41*	10.62
	<i>0.29</i>	<i>0.91</i>	<i>0.88</i>	<i>0.70</i>	<i>0.53</i>	<i>1.25</i>	<i>1.01</i>
1 to less than 3 years	17.92	17.70	21.48	15.41	16.29	16.58	22.32
	<i>0.37</i>	<i>1.30</i>	<i>1.07</i>	<i>1.06</i>	<i>0.70</i>	<i>1.96</i>	<i>1.32</i>
3 to less than 5 years	18.06	17.29	21.94	17.97	16.81	14.58	18.41
	<i>0.40</i>	<i>1.42</i>	<i>1.00</i>	<i>0.77</i>	<i>0.73</i>	<i>1.68</i>	<i>1.08</i>
5 years or more	51.30	45.99	39.45	56.07	56.05	60.50	46.87
	<i>0.56</i>	<i>1.84</i>	<i>1.14</i>	<i>1.21</i>	<i>1.07</i>	<i>2.18</i>	<i>1.41</i>

Source: Medicare Current Beneficiary Survey, CY 2004 Cost and Use Public Use File, CY 2004 Access to Care Public Use File, supplemented by CY 2003 and CY 2005 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2004 file.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- Responses for sample persons not interviewed in Round 40 (i.e., the 2004 Access to Care Public Use File) were taken from their Round 37 interview (i.e., the 2003 Access to Care Public Use File) or from their Round 43 interview (i.e., the 2005 Access to Care Public Use File).
- The percentage of responses for *none* under *usual source of care* differs from the percentage of responses for *no usual source* under *length of association with usual source of care* because of differences in the number of missing responses for the two variables. See the entry *missing values* in Appendix B for further explanation.
- HMO stands for Health Maintenance Organization.
- OPD stands for Outpatient Department; ER stands for Emergency Room.

Table 5.10 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 2004

Community-Only Residents¹

1 of 2

Measure of Satisfaction ²	Total	Supplemental Health Insurance					Medicare HMO ³
		Medicare Fee-for-Service Only	Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Beneficiaries (in 1,000s)	40,232	3,862	7,042	8,319	13,620	2,289	5,101
	<i>134</i>	<i>120</i>	<i>162</i>	<i>175</i>	<i>206</i>	<i>115</i>	<i>136</i>
Beneficiaries as a Percentage of Column Total⁴							
Quality of Care							
General Care							
Very satisfied	31.43	25.43	23.40	33.27	34.39	41.29	31.70
	<i>0.65</i>	<i>1.64</i>	<i>1.15</i>	<i>1.00</i>	<i>1.06</i>	<i>2.57</i>	<i>1.57</i>
(Very) Unsatisfied	3.41	5.73	5.18	2.48	2.76	1.53*	3.34*
	<i>0.22</i>	<i>0.81</i>	<i>0.64</i>	<i>0.43</i>	<i>0.32</i>	<i>0.58</i>	<i>0.60</i>
Follow-up Care							
Very satisfied	19.81	13.97	14.59	21.38	22.05	25.31	20.37
	<i>0.63</i>	<i>1.19</i>	<i>1.03</i>	<i>1.02</i>	<i>0.94</i>	<i>1.72</i>	<i>1.43</i>
(Very) Unsatisfied	2.68	4.34*	4.11	1.72*	2.06	1.30*	3.32*
	<i>0.17</i>	<i>0.81</i>	<i>0.41</i>	<i>0.29</i>	<i>0.26</i>	<i>0.46</i>	<i>0.58</i>
Access/Coordination of Care							
Availability							
Very satisfied	10.63	8.32	8.23	10.84	12.20	12.69	10.21
	<i>0.44</i>	<i>1.13</i>	<i>0.72</i>	<i>0.92</i>	<i>0.70</i>	<i>1.21</i>	<i>1.01</i>
(Very) Unsatisfied	3.67	4.71	5.11	3.48	3.12	3.80*	2.61*
	<i>0.23</i>	<i>0.78</i>	<i>0.56</i>	<i>0.42</i>	<i>0.35</i>	<i>0.82</i>	<i>0.56</i>
Ease of Access to Doctor							
Very satisfied	21.20	13.65	13.36	22.17	25.58	28.50	21.19
	<i>0.59</i>	<i>1.36</i>	<i>0.92</i>	<i>1.09</i>	<i>1.00</i>	<i>1.92</i>	<i>1.16</i>
(Very) Unsatisfied	5.09	7.98	9.48	3.77	3.43	3.43*	4.24
	<i>0.26</i>	<i>0.94</i>	<i>0.80</i>	<i>0.47</i>	<i>0.30</i>	<i>0.69</i>	<i>0.51</i>
Can Obtain Care in Same Location							
Very satisfied	15.35	12.07	12.08	15.35	16.85	16.76	17.71
	<i>0.56</i>	<i>1.06</i>	<i>0.97</i>	<i>0.97</i>	<i>0.89</i>	<i>2.01</i>	<i>1.21</i>
(Very) Unsatisfied	4.57	5.76	6.00	3.72	4.03	6.03*	3.92
	<i>0.25</i>	<i>0.93</i>	<i>0.83</i>	<i>0.45</i>	<i>0.36</i>	<i>1.08</i>	<i>0.61</i>

Table 5.10 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 2004

Community-Only Residents¹

2 of 2

Measure of Satisfaction ²	Total	Supplemental Health Insurance					Medicare HMO ³
		Medicare Fee-for-Service Only	Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Beneficiaries (in 1,000s)	40,232	3,862	7,042	8,319	13,620	2,289	5,101
	<i>134</i>	<i>120</i>	<i>162</i>	<i>175</i>	<i>206</i>	<i>115</i>	<i>136</i>
Beneficiaries as a Percentage of Column Total⁴							
Relationship with Primary Doctor							
Information from Doctor							
Very satisfied	19.07	13.34	13.76	20.27	22.02	24.13	18.60
	<i>0.67</i>	<i>1.21</i>	<i>1.03</i>	<i>1.05</i>	<i>1.16</i>	<i>1.77</i>	<i>1.16</i>
(Very) Unsatisfied	4.64	7.11	6.89	3.63	3.65	3.17*	4.61
	<i>0.27</i>	<i>1.16</i>	<i>0.71</i>	<i>0.47</i>	<i>0.40</i>	<i>0.76</i>	<i>0.63</i>
Doctor's Concern for Overall Health							
Very satisfied	21.61	15.81	15.55	22.78	24.36	25.63	23.25
	<i>0.66</i>	<i>1.46</i>	<i>1.21</i>	<i>0.95</i>	<i>0.98</i>	<i>1.94</i>	<i>1.54</i>
(Very) Unsatisfied	4.78	7.25	7.01	3.45	3.96	2.14*	5.38
	<i>0.23</i>	<i>0.97</i>	<i>0.66</i>	<i>0.43</i>	<i>0.44</i>	<i>0.79</i>	<i>0.78</i>
Cost of Care							
Cost							
Very satisfied	18.41	10.39	20.03	18.04	20.15	24.02	15.68
	<i>0.60</i>	<i>1.01</i>	<i>1.26</i>	<i>1.15</i>	<i>1.02</i>	<i>2.32</i>	<i>1.18</i>
(Very) Unsatisfied	14.43	27.83	12.10	14.27	12.02	11.15	15.71
	<i>0.39</i>	<i>1.92</i>	<i>0.90</i>	<i>0.80</i>	<i>0.69</i>	<i>1.58</i>	<i>1.22</i>

Source: Medicare Current Beneficiary Survey, CY 2004 Cost and Use Public Use File, CY 2004 Access to Care Public Use File, supplemented by CY 2003 and CY 2005 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2004 file.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables. Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 40 (i.e., the 2004 Access to Care Public Use File) were taken from their Round 37 interview (i.e., the 2003 Access to Care Public Use File) or from their Round 43 interview (i.e., the 2005 Access to Care Public Use File).
- 3 HMO stands for Health Maintenance Organization.
- 4 Column percentages do not sum to 100 percent because the responses of *satisfied* and *no experience* are excluded from the table for all satisfaction variables.